



BUMED M1 MANPOWER & PERSONNEL

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TFMMS Redesign

Transformation

POM 06 ZBR

Recapitalization

MID 913:

Streamlined PPBES Cycle

BRAC

Reserve Backfill

OEF/OIF Deployments

DHP Shortfall

Reconstitution

GWOT

Defense Strategy Changes

OEF/OIF Lessons Learned

THCSRR Model Validation

WMD & HLS

MID 911:

Make-Buy & Mgmt Structure

CNO-Directed

Above THCSRR Study

Smaller Navy Force

MID 907:
A-76 Studies



Objectives

- **Overview of BUMED (M1)**
- **Understanding the AMD**
- **Manpower Change Request**
- **DMHRSi**
- **THCSRR Model & Component UICs**
- **Above THCSRR Billets & PBD 712**
- **TFMMS Redesign**

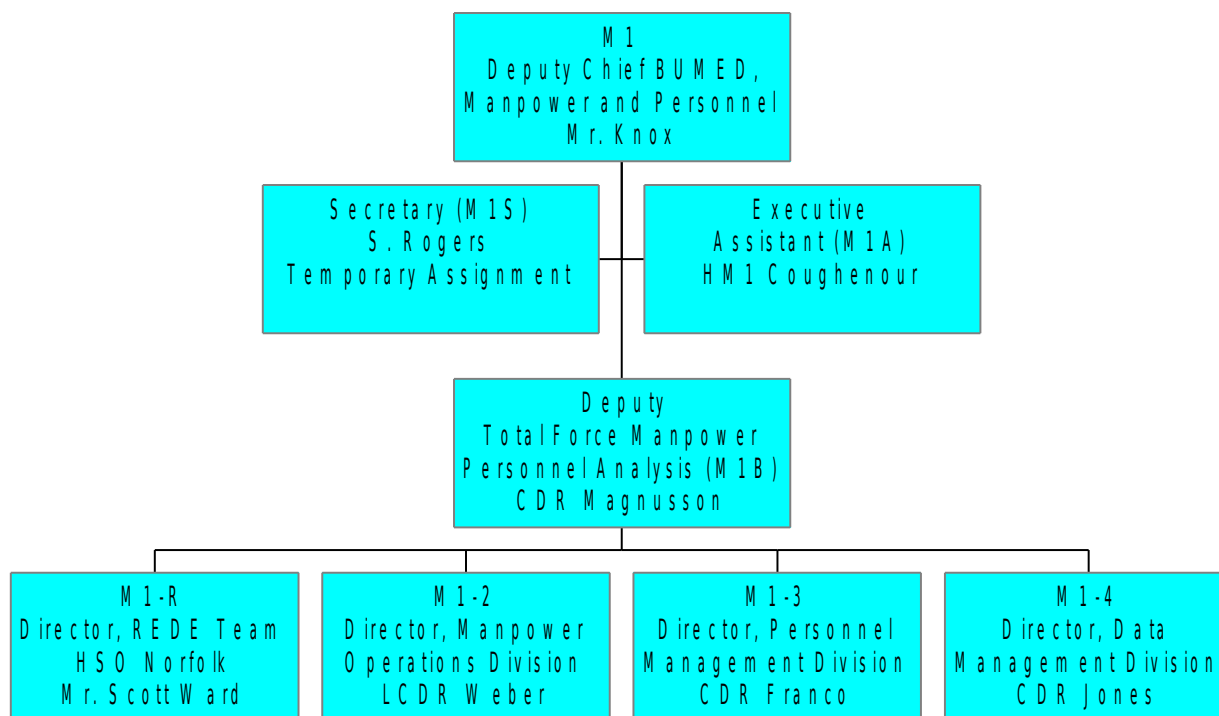


Overview of BUMED (M1) Manpower & Personnel



M1

Organized to Reach Vision





M1-R

Requirement Determination

- **Oversight and management support of the Navy Shore Manpower Requirements Determination Program for BUMED**
- **MTF/DTF Support**
 - Ensure activities Statement of Manpower Requirements are current and reflective of changes in mission and/or workload.
 - Provide technical guidance, training, and consulting services on the manpower requirements determination process to ensure the validation of all manpower requirements within Claimancy 18.



M1-2

Stabilize Billets and Personnel

- **Current**

- Analyze and evaluate alignment of HR actions: billets and bodies
- Military-to-civilian conversions: Execution of PBD 712; defining POM 06
- Operational: GITMO, Accession Program support (Bulldog, Summer Surge, I-day, etc), OIF II and beyond

- **Future**

- Corporate distribution of billets and personnel for system stability
- Marriage between POM 06 conversions, BRAC, TNEX, etc.
- Operational
 - Reserve support for GITMO
 - Build long-term solution for stable manning in support of Accession Programs



M1-3

Stabilize Personnel

- **Personnel Planning**
 - Promotion Plan
 - DOPMA/NON-DOPMA constraints
 - Accession Plan
 - Directs, Recalls, and Pipeline programs
 - Strength Plan
 - Quarterly update of endstrength for Corps
 - Training Plan
 - DUINS, GMESB
- **Special Pays**
 - Develop policy and procedures
 - Management and approval



M1-4

Stabilize Manpower & Personnel Systems

- **Data Management**
 - Management of manpower/personnel information systems
 - Data submissions, reports/displays relating to outside agencies
 - Technical review of manpower change requests
 - Management of component UICs and manning of operational platform support by CL 18 facilities
- **Data quality of manpower/personnel systems**
 - Personnel/Manpower system auditing
 - Semi-annual update to the Navy Officer/Enlisted Occupational Classification System (NOOCS/NEOCS)
 - Claimant manpower review
 - Quan/Qual review: Authorizations = end strength



The Perfect AMD

**You Can Get
There From Here**



Available Resources

- **Manual of Navy Total Force Manpower Policies and Procedures, OPNAVINST 1000.16J**
- **TFMMS Coding Directory**
- **TFMMS Matrix for Billet Change Request**
- **TMMCA Users Manual**
- **Officer Manpower & Personnel Classifications NAVPERS 15839_**
- **NEC Manual NAVPERS 18068_**
- **Handbook of Occupational Groups (OPM)**
- **AMD**
- **EDVR**
- **ODCR**
- **HSO**
- **REDE**
- **BUMED (M1)**

Activity Manpower Document
BSC Range 00000 to 99999

Date: 04/07/04

Activity Code	Activity Name	UIC	Claimant	SMC	Home Port	Geographic Location	SUI	S/S	MCA	Dsk	RSpn	Predom	AGSAG	Number	Packet												
3435038410	BRMEDCLINIC MAYPORT FL	32575	BUMED	6E		FL, MAYPORT	0	1	B	D2	093		M9M9	257690	040322												
BIN	Billet Title	Effective				CARN	CAFC	CATR	SSC	IMAP	Officer				Enlisted				Civilian								
		Bgn	End								JDAL								BLI	CTY			ORG				
		Mob	P	R	M					Desig	NOBC		SubSp		Rate	NEC						Py	Occ	Py			
		Bgn	End	RFC	R	I	E	Language	Grade	Pri	Sec	Pri	Sec	Abbr	Pri	Sec	EMC	PI	Srs	Gr	FD	MP	SSQ				
BSC		RSpn		AGSAG		MRC	MT	AC	FAC		AQD												P H S S				
2880996	PEDIATRICIAN	20410	D	H203																			5MPEA01				
81005		01	12	MPB	1	E	E		2100I	0105			16V0J														
					AD	O			2100I				16V0J														
2880996	PEDIATRICIAN	20410	D	H203																			5MPEA01				
81005		01	12	MPB	1	E	E		2100I	0105			16V0J														
3350506	PEDIATRICIAN		Z	H203																			5MPEA02				
81010		01	12	MPB	1	E		CN B										CS	00000	00	F	C					
																		CS	00000	00	C	4					
3350507	PEDIATRICIAN		Z	H203																			5MPEA03				
81015		01	12	MPB	1	E		CN B										CS	00000	00	F	C					
																		CS	00000	00	C	4					
1089651	SUPV NURSE SPECIALIST		H	H203																			5MPEA04				
81020		01	12	MBB	1	E		DH C										GS	00610	11	F	A					
																		GS	00610	11	F	1					
0538220	CORPSMAN/MOB TO		D	H203																			5MPEA05				
81025	11376/40220				MBB	2	E	M										HM3		G000							
					AD	E												HM3		G000							
3350508	CORPSMAN/CUIC		I	H203																			5MPEA06				
81030	81025/32575	01	12	MCD	1	E	E											HM3		G000							
				4A1M				R																			
0538219	CORPSMAN		R	H203																			5MPEA07				
81035		01	12	MBB	1	E	E											HM3		G000							
					AD	E												HM3		G000							
0538209	HOSPITALMAN/MOB TO		D	H203																			5MPEA08				
81040	11417/40220				MBB	2	E	M										HN		G000							
					AD	E												HN		G000							
3350509	CORPSMAN/CUIC		I	H203																			5MPEA09				
81045	81040/03575	01	12	MC9	0	E	E											HM3		G000							
				4A1M				R																			



What is a Manpower Change Request

- **A MCR is a request to add, change, or delete headers, notes, or manpower requirements and/or authorization information documented on the AMD**



Why Initiate a MCR?

- **Workload (SMRDP & REDE)**
- **Mission / Equipment**
- **UICs, NOBCs, NECs, Grades, BSCs, AQDs, Titles, Subspecs, Pay Plans, Occ Series...**
- **Civilians**
- **Headers (Standard Organizations)**
- **CUICs**
- **If your AMD does not look like your organization...you need a MCR**



Who Initiates a MCR?

- **Manpower Department**
- **Personnel Office**
- **Comptrollers Shop**
- **A Director**
- **Command Master Chief**
- **Branch Clinic OIC**
- **But they all must go through the Commanding Officer**



Preparing for the LOJ...

Idea is generated

- **Collect your data**
 - Workload Statistics
 - REDE Team visit
 - Endorsements
- **Consult with all parties involved**
- **Think outside your UIC, activity code, community**
- **Military Essential**
- **It is your idea, Sell It!**



Compensation and the MCR Process

- **OPNAVINST 1000.16J: “Manpower claimants shall provide compensation and/or identify resources for the following:”**
 - Authorized manpower requirements
 - Increases in authorized paygrades
- **Quasi Compensation Issues:**
 - *Designators, NECs, Subspecs, THCSRR Restraints*

From: Commanding Officer, U.S. Naval Hospital
To: Chief, Bureau of Medicine and Surgery (M1)
Via: (1) Officer in Charge, Naval Healthcare Support Office
(2) Officer in Charge, Naval Healthcare Support Office,
REDE Team

Subj: MANPOWER CHANGE REQUEST (Be Specific)

Ref: (a) OPNAVINST 1000.16J
(b) Any e-mail/phone calls to BUMED, Specialty
Leaders...

1. Per reference (a) and (b) the following billet change request is submitted for UIC 00018.

Remove compensation from:

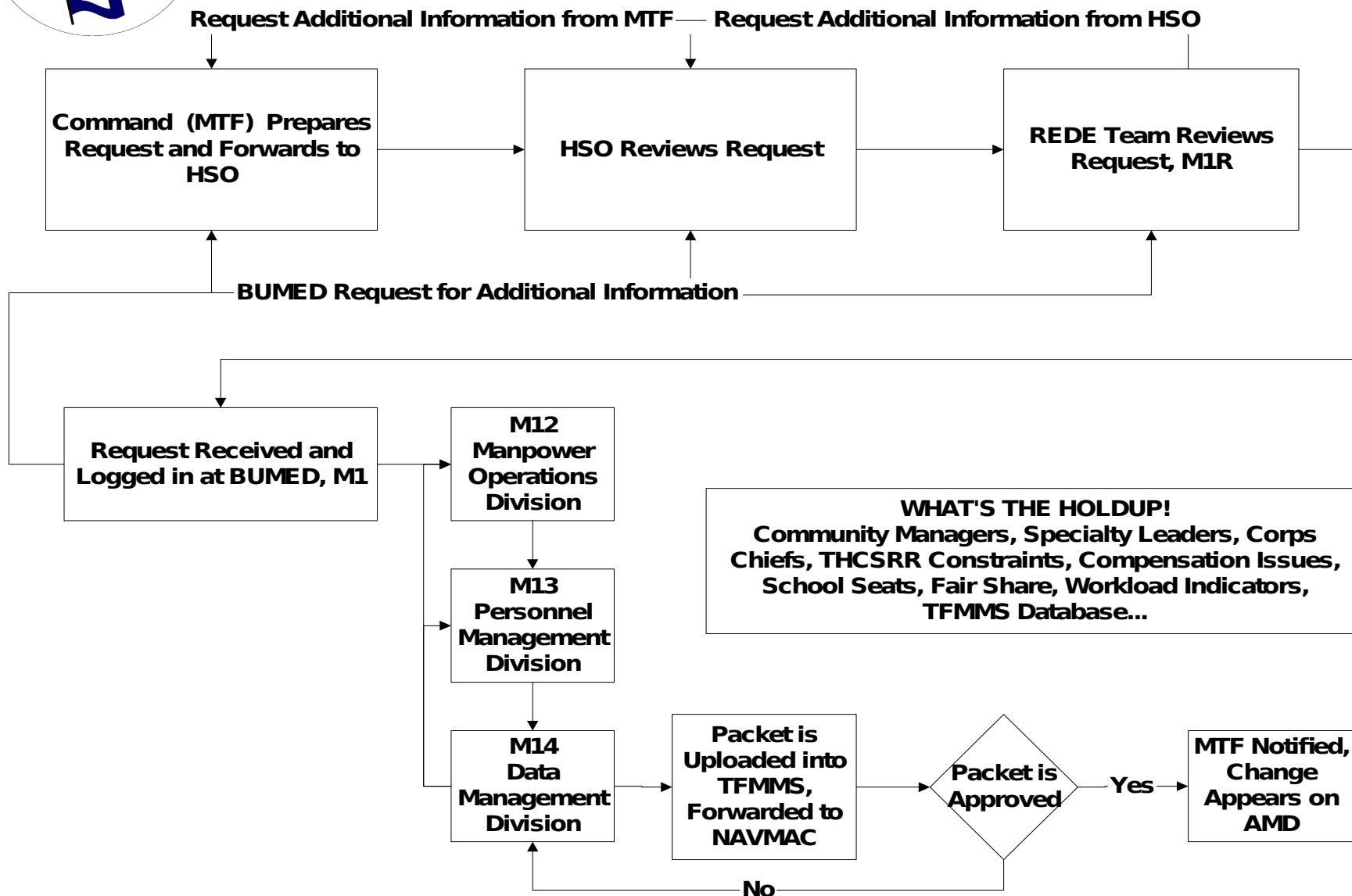
BIN	BSC	BILLET TITLE	NEC
RATE			
1234567	12345	HOSPIAL CORPSMAN	0000
HM2			

Transfer compensation to:

BIN	BSC	BILLET TITLE	NEC
RATE			
1234567	54321	HOSPIAL CORPSMAN	0000
HM2			



Manpower Change Request Process





DMHRSi

**Defense Medical Human
Resources System
*Internet***



DMHRSi: Defense Medical Human Resources System

internet

**Simplify and standardize military
medical human resource
management**

- A **web-based** Tri-Service human resource management system
- Allow ready access to essential manpower, personnel, labor cost assignment, education & training, and personnel readiness information across the MHS enterprise



Why is it important?

MHS lacks a Tri-Service Information System for Human Resource Management

- **The MHS needs a tool to track and manage human resources (military, civilian, volunteer, or contractor, assigned or borrowed)**
- **The MHS needs a standardized tool to capture and measure human resource utilization across the MHS enterprise**
- **The MHS needs a tool to provide essential Readiness and Labor Cost Assignment information**
- **The MHS needs a human resources “manage the business” decision support system**

-- *“Tri-Service strategy needed to Justify Medical Resources for Readiness and Peacetime Care”*
GAO/Nov 99



Why DMHR*Si*?

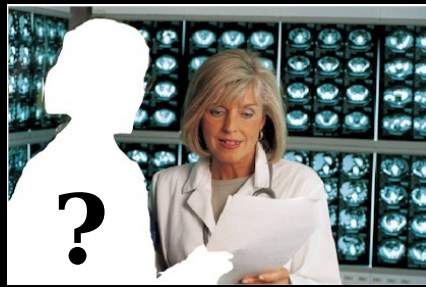
**Provide complete medical personnel asset visibility
of all Active Duty, Reserve, Civilian, Contractor,
Volunteer, or Borrowed Personnel**

Who are they? Who is trained? How much do they cost? Who is deployable?



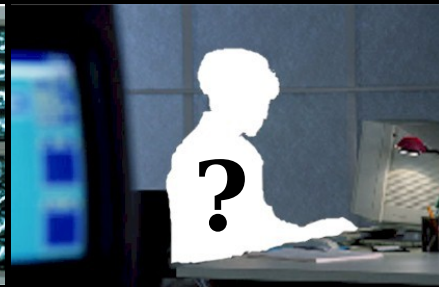
DMHR*Si*

Manpower/Personnel



DMHR*Si*

Recruitment and Training



DMHR*Si*

Labor Costing



DMHR*Si*

Readiness

**Approximately 60% of the Defense Health Program (DHP)
budget is allocated to human resources**



What Does DMHRSi Mean to Me?

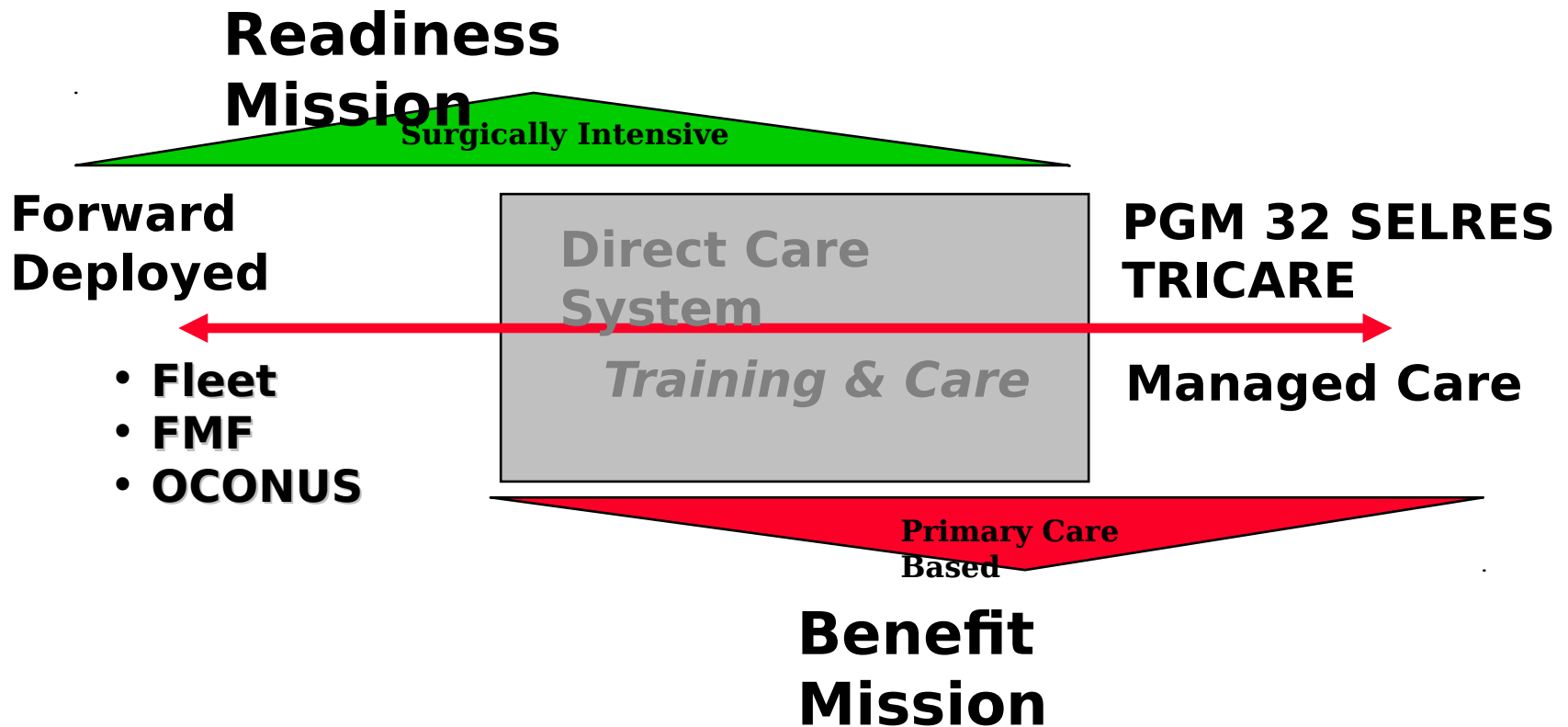
- **DMHRSi Pre-implementation**
- **Organization code: Overlay of peacetime and component UICs**
- **Standard Headers: Start adopting them**
- **SPMS & AMD Overlay**
 - SPMS: People aligned to the correct department
 - AMD: Needs to reflect your people and organization



THCSRR Model, Component UICs, & Why We're in Uniform



Navy Medicine's Dual Mission

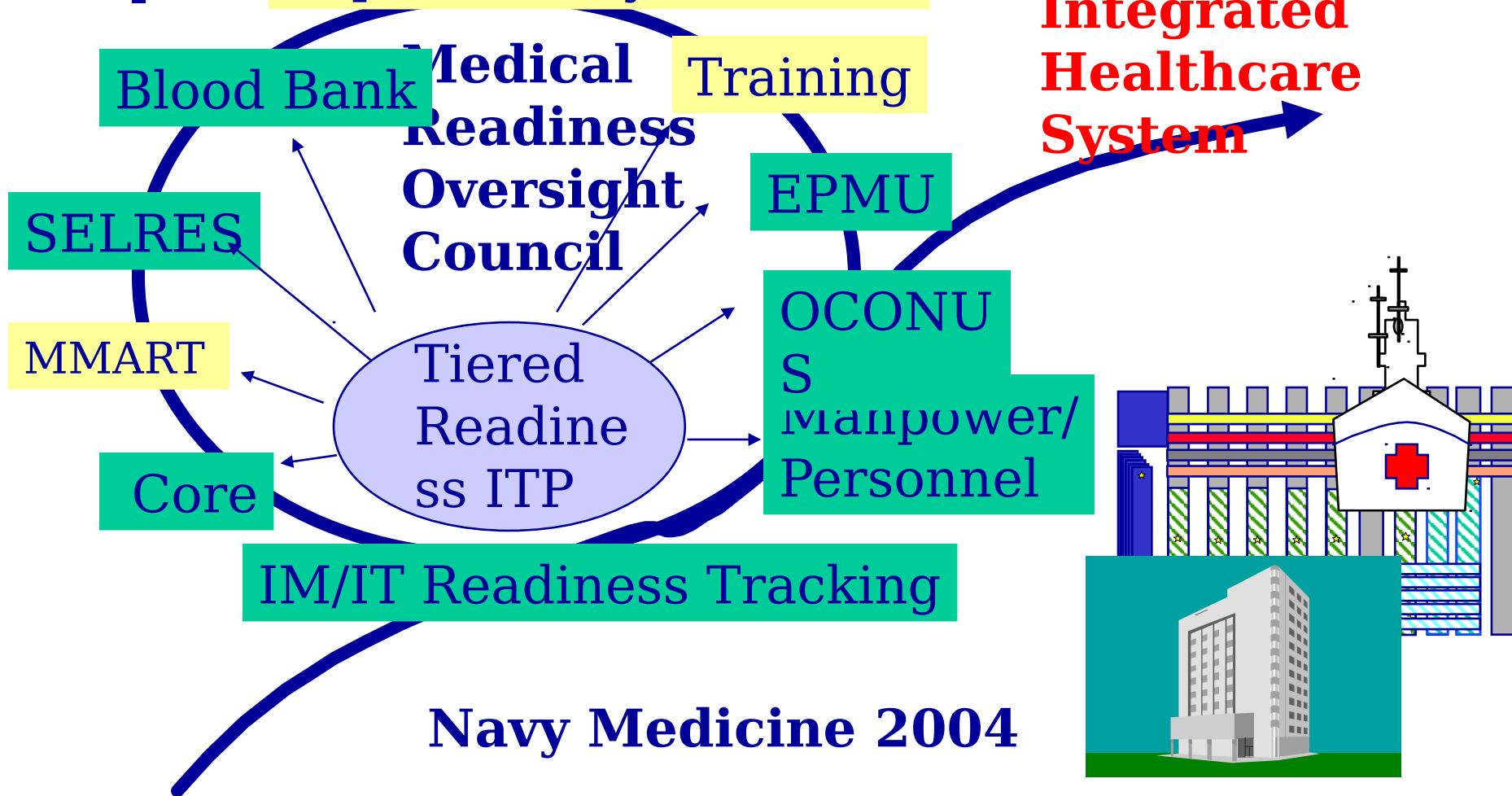




Ongoing Readiness Reengineering Efforts

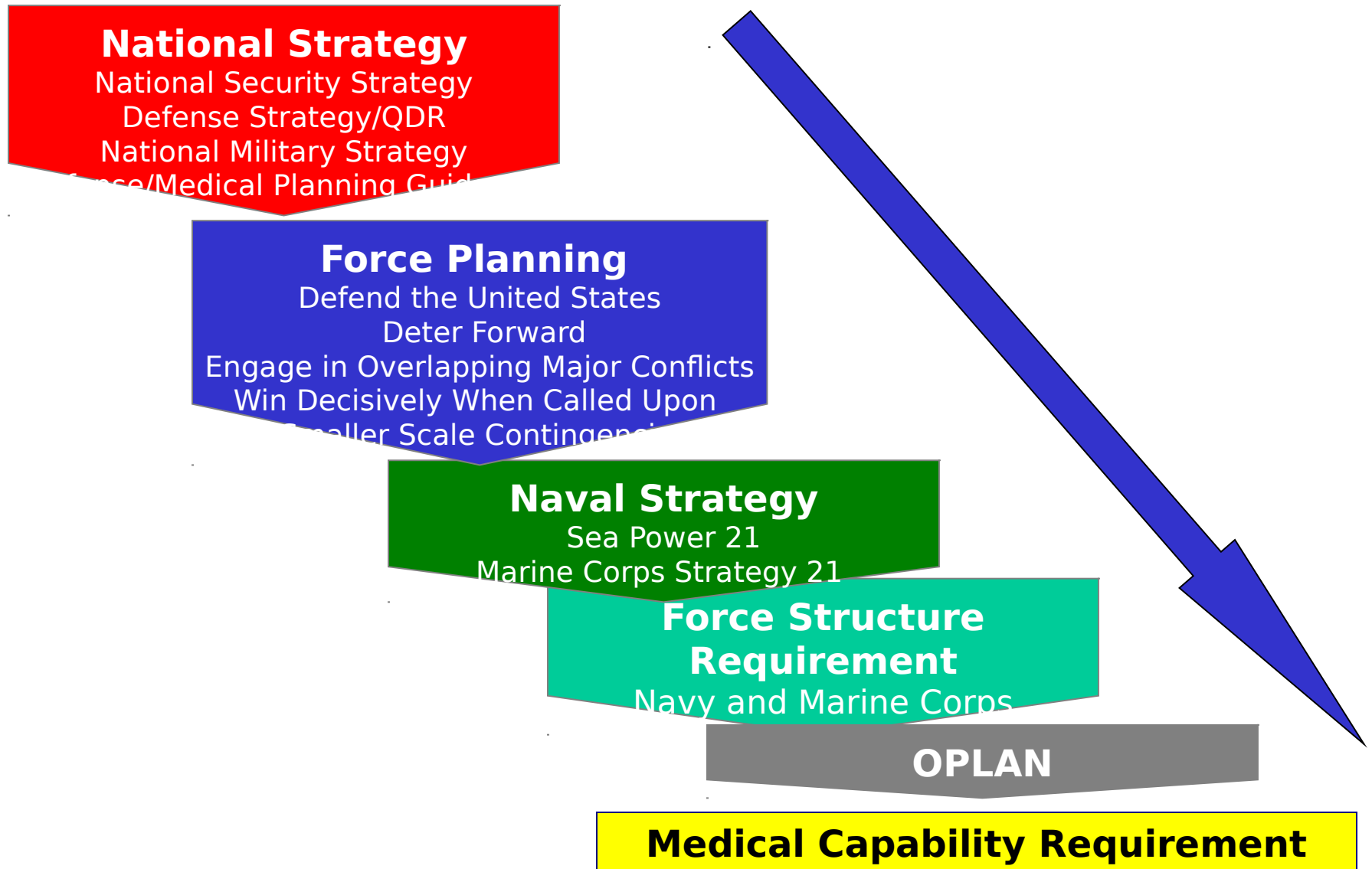
Expeditionary Medicine

Totally Integrated Healthcare System



Navy Medicine 2004

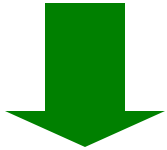
Naval Forces Requirements Determination Process





Wartime Medical Requirements

OPLAN



**POPULATION
AT RISK**

X

**CASUALTY
RATE AND
PLANNING
FACTORS**

=

**WARTIME
REQUIREMENT**



Combatant Commander's Planners Determine

Medical Capability Requirements

- Hospital Ships
- Fleet Hospitals
- OCONUS MTFs
- CRTS
- MED BN

How many active duty medical personnel does Navy Medicine need for its readiness mission?

Day-to-Day
Operational

U

Wartime

=

MOSR

Day to Day
Operational
Mission

Wartime

Requirements:

Medical Operational
Support

Requirements:

Personnel needed in
peacetime where only an
estimated 10% of the
member will meet the

Personnel needed in
the wartime theatre to
care for casualties, as
defined by the Section
73311 Study

Requirement: The total
number of fully trained Navy
medical personnel needed
on active duty to support all
operational requirements.

SHIPS

HOSPITAL SHIPS

SQUADRONS

FLEET HOSPITALS

SUBS

USMC AUGMENT

MARINES

PCRTS AUGMENT

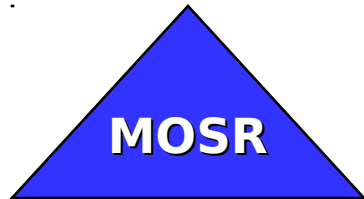
OCONUS MTFs

OCONUS AUGMENT

ROTATION BASE

OTHER (HQ/STAFFS)

If the MOSR is the number of fully trained personnel, what about trainees and others in the replacement pipeline?



+

**Sustainmen
t**

=

THCSRR

Medical Operational Support Requirement:

The total number of fully trained Navy medical personnel needed on active duty to support all operational requirements.

Sustainment:

The number of medical personnel needed in training to support all officer and enlisted communities, based on known attrition rates. Also includes those in transit and other temporary states.

Total Health Care Support Readiness Requirement:

The number of Navy medical personnel needed on active duty

How many Medical Reservists does the Navy need?



**Reserve
Wartime
Theater
Workload &
Force Structure:**

Those Reservists needed in the wartime to augment Fleet & FMF, and staff reserve Fleet Hospitals

**Continuity of
Operations,
Provide Care to
Returning Casualties
(ICMOP), Homeland
Security and
Consequence**

Management Efforts:

Those Reservists needed in CONUS MTFs to continue the MTF mission, provide care for returning casualties and to support homeland medical

**Total Health
Care Support
Readiness
Requirement
(Reserve):**

The total number of Navy medical Reservists needed



THCSRR Model: Active & Reserve Component Overview

Active



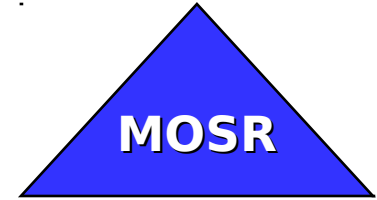
Wartime Theater Workload

U

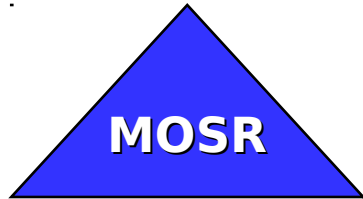


Day to Day Operational
Mission Requirements

=



Medical Operational
Support Requirements



+



=



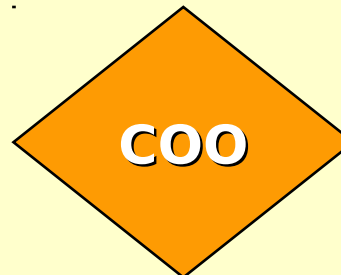
Number of Navy medical
personnel needed on Active Duty

Reserve



Reserve Wartime Theater Workload

+



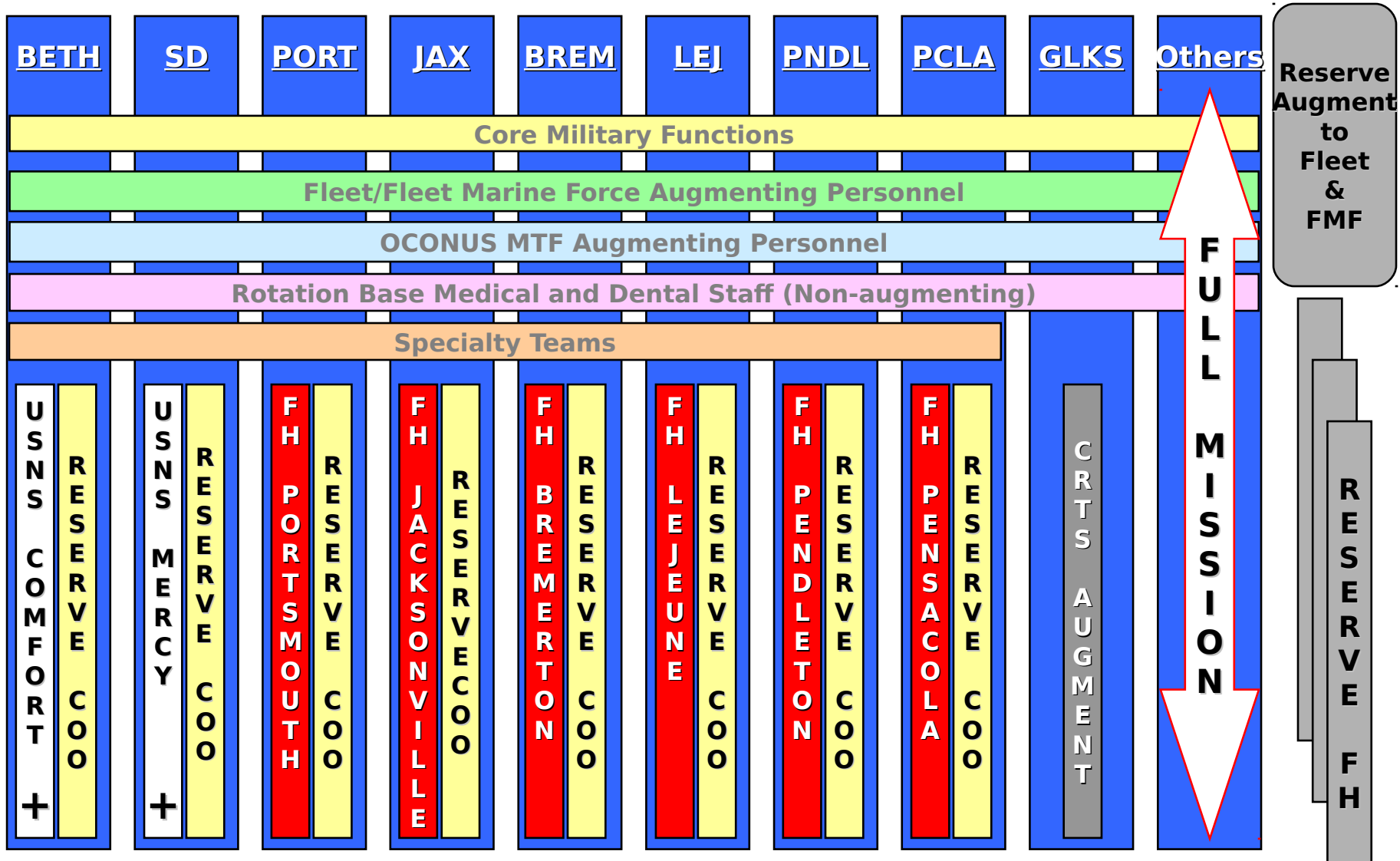
Continuity of Operations

=



Total Number of Navy medical
reservists needed on Active Duty

Navy Medicine: *Aligned for Readiness*





Wartime Requirements

- **12 CASUALTY RECEIVING TREATMENT SHIPS**
- **3 ACTIVE MARINE FORCES**
- **2 HOSPITAL SHIPS**
- **6 ACTIVE DUTY FLEET HOSPITALS**
- **OCONUS AUGMENTATION**
- **SHIPBOARD ANESTHESIA**
- **SUPPORT RESERVE MARINE FORCE**
- **2 RESERVE FLEET HOSPITALS**



CORE/FORCE STRUCTURE /

REQ

- **Commanding Officers**
- **Chairman of Training Programs**
- **RTC/MCRD**
- **School of Infantry/Mountain Warfare Training**
- **OCOMUS Hospitals/Clinics**
- **Headquarters, HSO, and Lead Agents**
- **5 Blood Banks**
- **2 FWD Deployed EPMU**

Readiness Allocation Component UIC Model (RACUM)

**MOBILIZATION
PLATFORMS**

PEACETIME

**Surgically
intensive**

**Primary
Care Based**

CVN
SUPPORT
OCONU
S

TAH

USMC

PCRTS

FH

**Blending
systems
required
substitut
ion**

**MEDICAL
TREATMENT
FACILITY**

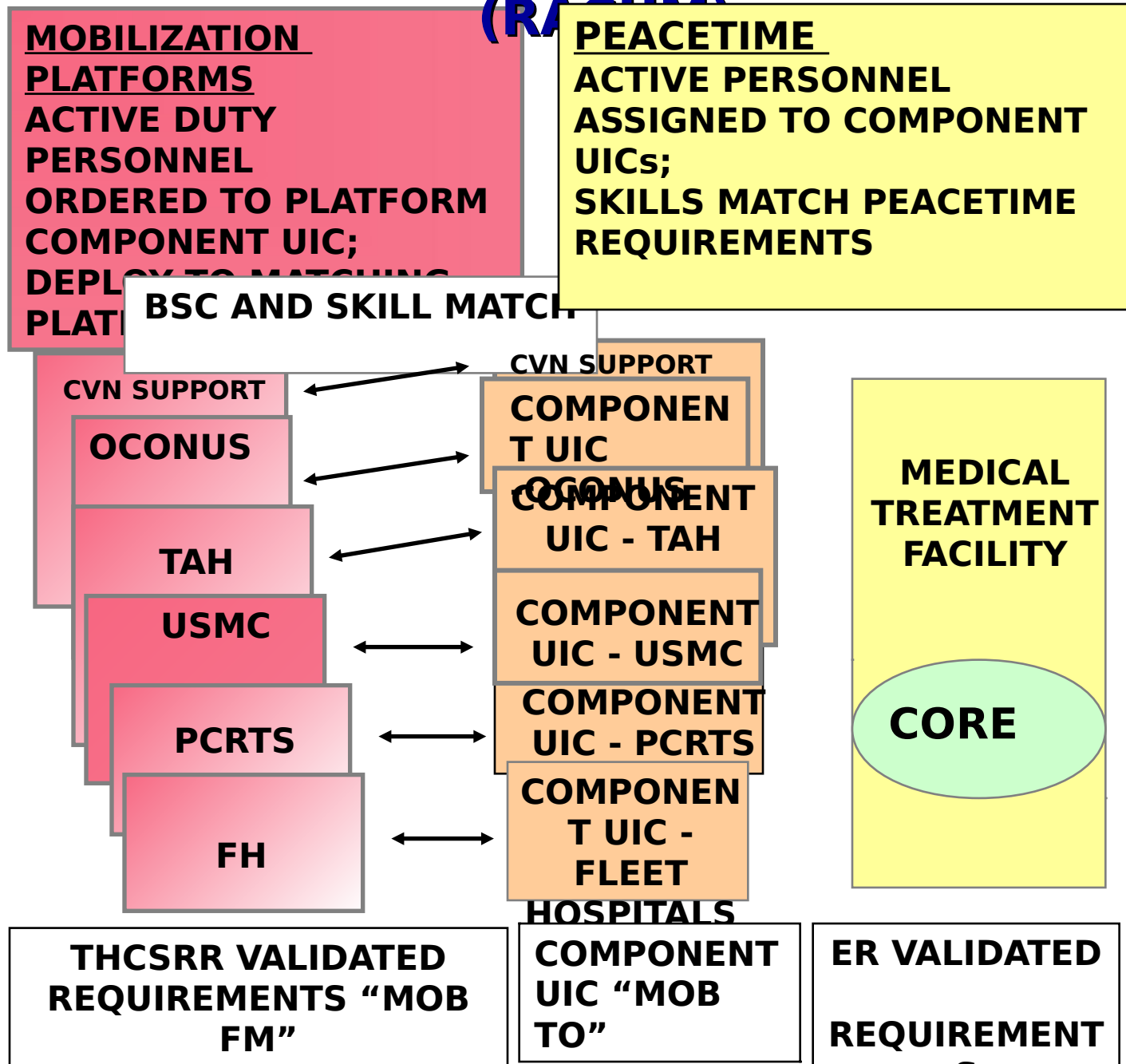
Core

**Core
requirements
needed to be
identified
before any
matching could
be done.**

**THCSRR VALIDATED
REQUIREMENTS**

**EFFICIENCY REVIEW
VALIDATED REQUIREMENTS**

Readiness Allocation Component UIC Model



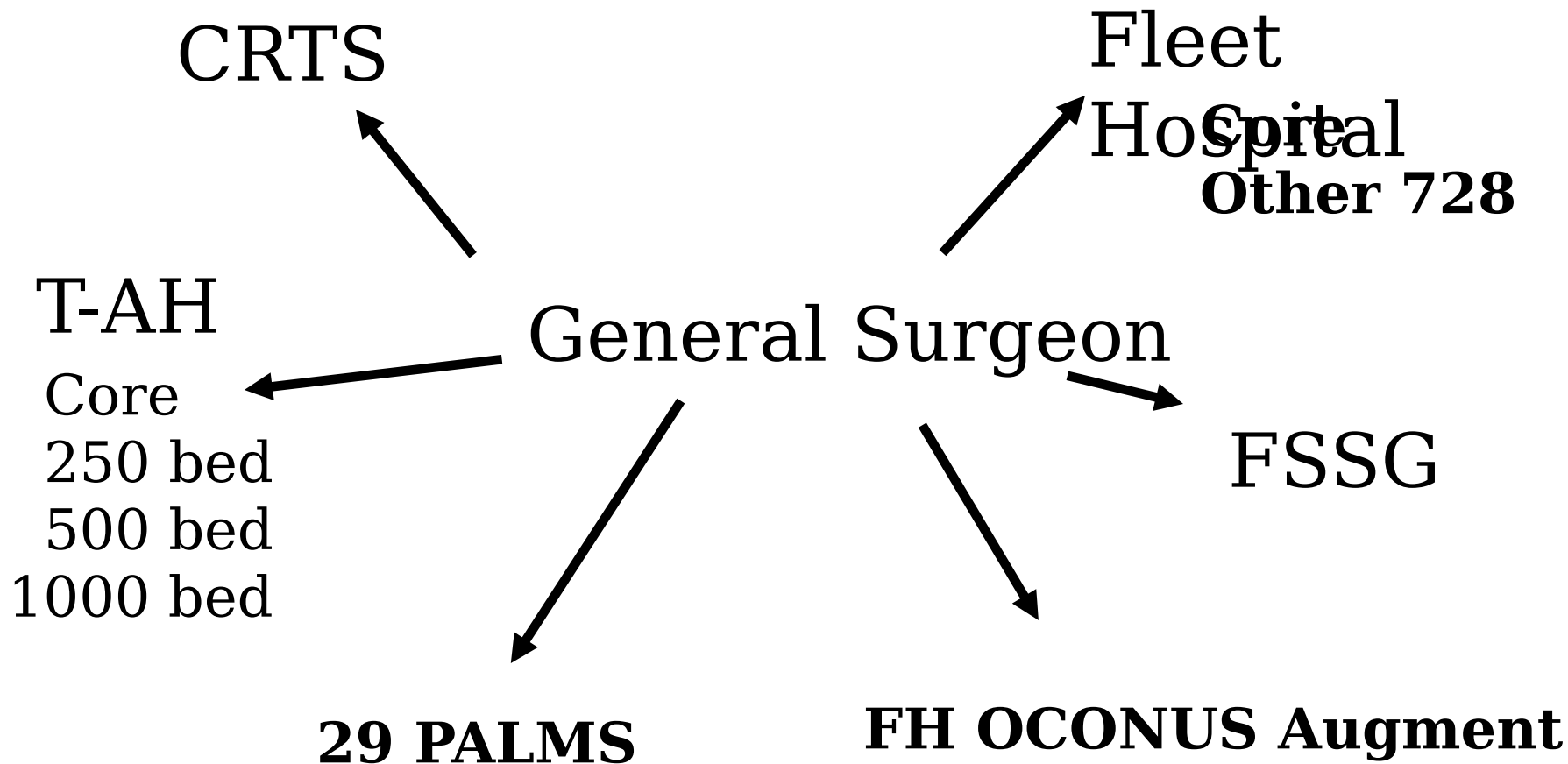


Skill Substitution

- Critical Skill Shortfalls Still Exist
- Original Substitution Rules Insufficient
- Requirements Heavily Substituted
 - **Nursing** (Crit Care, Med-Surg, Emerg-Trauma)
 - **Medical Corps Specialists** (Ortho, Surgical, Int Med)
 - **Medical Corps General** (ER, Surgery)
 - **Hospital/Dental Corps** (Field Medical/Dental Techs)
- Unmet Requirements Where Substitution Allowed
 - Anesthesia/CRNA
 - Periop Nurse
- Hollow Billets/Decreasing Personnel Inventory



Priority Fill

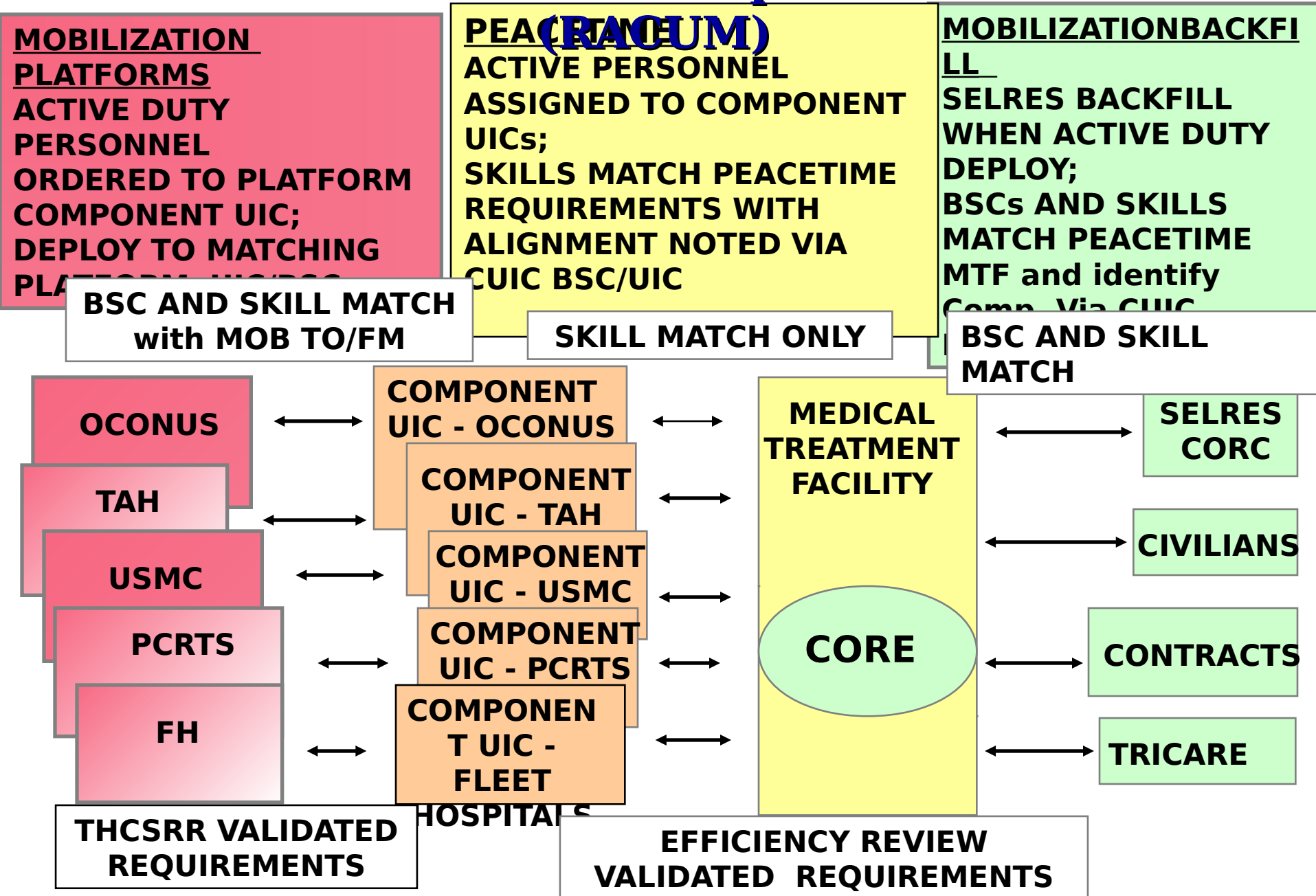




Making the Match & Identifying Substitutions

Platform Requirement			Component UIC			SELRES Backfill		
Billet title	PSUB	SSUB	Billet title	PSUB	SSUB	Billet title	PSUB	SSUB
GEN SGN	15C0j		GEN SGN	15C0j		GEN SGN	15C0j	
GEN SGN	15C0j		OBSTER-GYN	15E0j	15C0j	OBSTER-GYN	15E0j	
CC NURSE	1960P		CC NURSE	1960P		CC NURSE	1960P	
CC NURSE	1960S		STAF NRS/M SURG	1910S	1960S	STAF NRS/M SURG	1910S	
STAF NRS/M-SURG	1910S		STAF NRS/M-CHLD	1920R	1910S	STAF NRS/M-CHLD	1920r	
	PAQD	SAQD		PAQD	SAQD		PAQD	SAQD
GEN SGN/TRAUMA	6CM		GEN SGN		6CM	GEN SGN		
INTERNIST/CC	62C		INTERNIST		62C	INTERNIST		
	PNEC	SNEC		PNEC	SNEC		PNEC	SNEC
FLD MED TECH	8404		FLD MED TECH	8404		FLD MED TECH	8404	
FLD MED TECH	8404		CORPSMAN/FMF	0000	8404	CORPSMAN	0000	
CORPSMAN	0000		PHARM TECH/HM	8482	0000	PHARM TECH	8482	
SURG TECH	8483		ENT TECH/SURG	8446	8483	ENT TECH	8446	

Readiness Allocation Component UIC Model



NAVAL HOSPITAL JACKSONVILLE

00232 - Naval Hospital Jacksonville

00105 CDR/CO SHR ACT
(MRC=AD)

RQMTAUTH

00106 CO SECRETARY
(MRC=DH)

RQMTAUTH

25005 OBSTER-GYN/CUIC 19010/40221 RQMT AUTH
(MRC=RA)

25015 INTERNIST/CUIC 19015/40221 RQMT AUTH

40221 - NH JAX FH JAX DETACHMENT

(MRC=RA)

19005 NRS ANESTH/UNMET/19005/40220 RQMT AUTH
30820 NRS ANESTH/CUIC 19005/40220

(MRC=) 19010 OBSTER-GYN/MOB TO 19010/40220

RQMT AUTH (MRC=AD)

34630 PHARM TECH/CUIC 34630/40221 RQMT AUTH

19015 INTERNIST/MOB TO 19015/40220 RQMT AUTH
(MRC=)

(MRC=AD)

40220 - Fleet Hospital (FH) Jacksonville

34630 PHARM TECH/HM/MOB TO 34630/40220 RQMT AUTH

19005 NRS ANESTH/UNMET/19005/40221

RQMT (I

(MRC=AD)

19010 GEN SGN/MOB FM 19010/40221

RQMT (

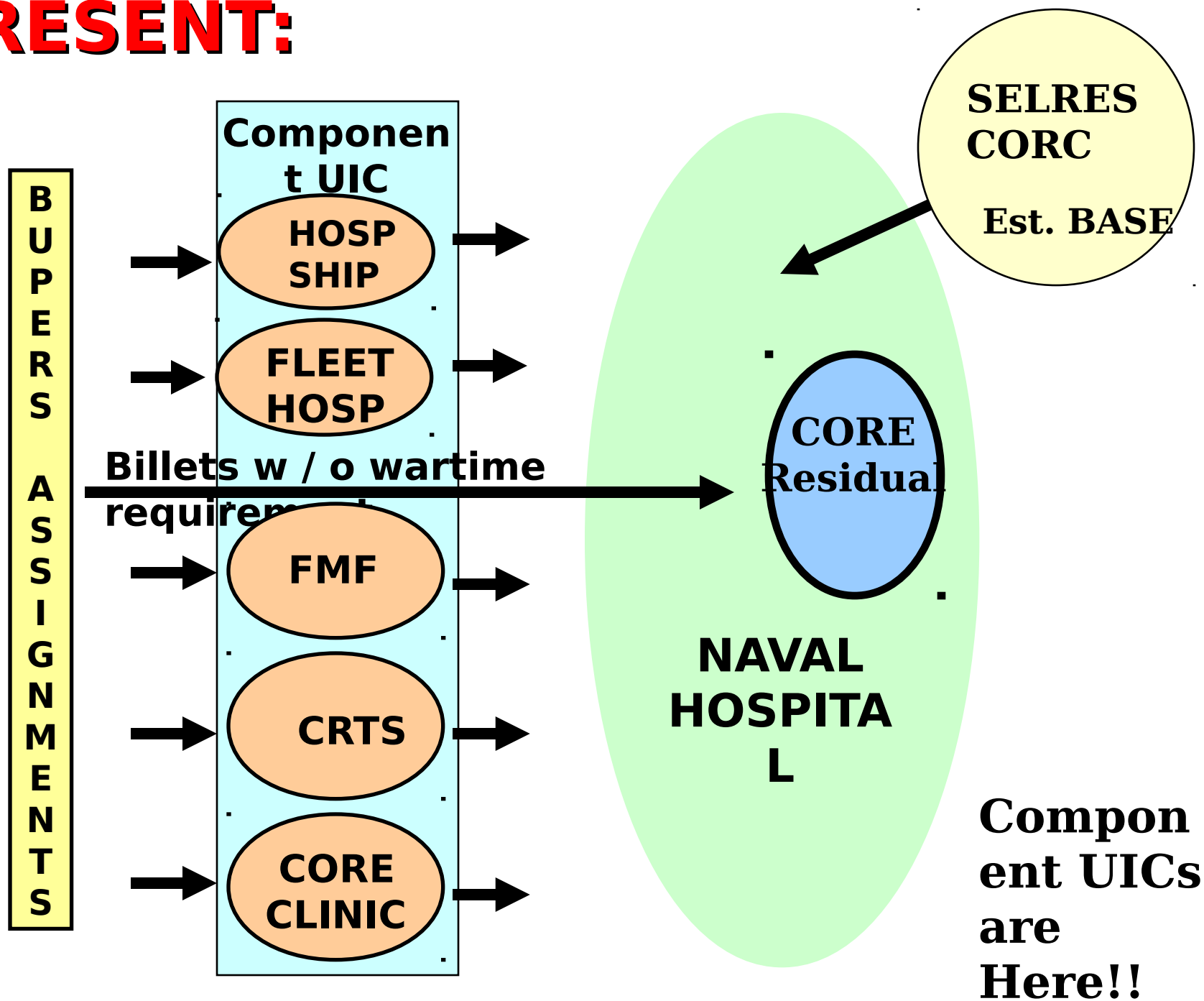
19015 INTERNIST/MOB FM 19015/40221

RQMT (I

34630 CORPSMAN/MOB FM 34630/40221

RQMT (F

PRESENT:





Component UICs and the Sailor

BUPERS ORDERS: 0000-00-0000/XXXX (PERS-4415)

.....

-----ULTIMATE ACTIVITY (M) -----

**REPORT NOT LATER THAN SEP 00
TO **NMC SD USNS MERCY DET**
PERMANENT DUTY STATION SAN DIEGO
FOR DUTY**

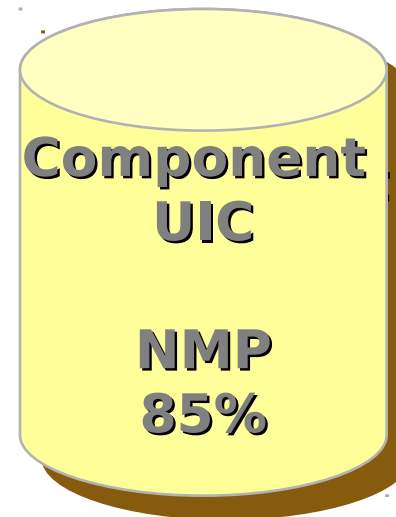
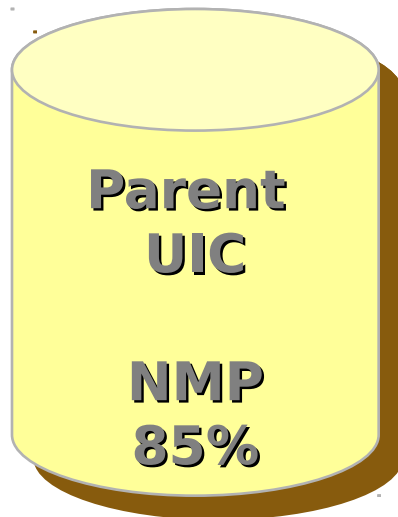
**EDA: SE
UIC: 484**

**ACC:
BSC
PRD**



Directed Manning

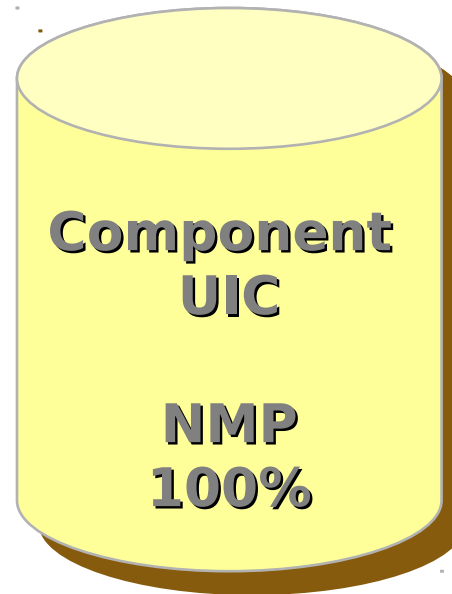
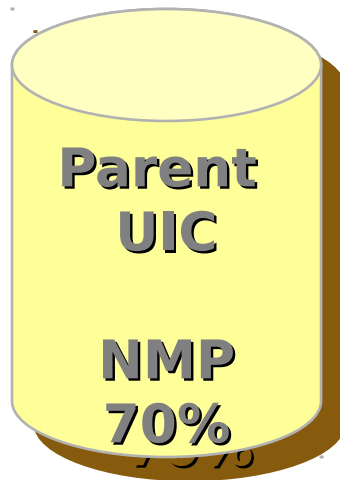
- **Currently**
 - Level NMP across like UICs





Directed Manning

- **M1 Initiative**
 - Detail to component UIC first



FMF COMPONENT UICs		BA	NMP	POB4	PERCENTAGE TO BA	PERCENTAGE TO NMP
32855	NH OKI 3 FS FW D	26	23	23	88%	100%
40204	NMC SD 1 FSSG DT	107	86	90	84%	105%
40205	NH CP 1 FSSG DET	60	48	53	88%	110%
40206	NH C 1 FSSG DET	69	56	59	86%	105%
40207	NH CP 1 MD DET	100	80	77	77%	96%
40214	BMCL BARSTOW MCU	25	20	16	64%	80%
40215	NACC PTH MC U DT	31	25	22	71%	88%
40219	NMC SD 1 MD DET	57	46	45	79%	98%
40226	NH C MAG 39 DET	26	22	21	81%	95%
40234	NMC SD MC U DET	9	8	8	89%	100%
40236	NDC SD D A DET	21	19	12	57%	63%
40248	BMCL ELC 1MAWID	13	11	9	69%	82%
40259	NH CP MC U DET	23	18	21	91%	117%
3145A	NMC P 2 FSSG DET	86	69	53	62%	77%
3146A	NH JAX 2 FSSG DT	37	32	34	92%	106%
3148A	NH CLJ 2 FSSG DT	31	28	28	90%	100%
3149A	NMC P MDV DET	56	44	39	70%	89%
3155A	NH CLJ MC U DET	30	23	23	77%	100%
3157A	NNMC B MC U DET	41	35	32	78%	91%
3160A	NH JAX MC U DET	13	11	12	92%	109%
3161A	NMC PT MC U DET	39	33	27	69%	82%
3328A	NH PC 3D FSSG DT	49	43	39	80%	91%
3330A	NH CPLEJ 3D FSSG	29	26	26	90%	100%
3331A	NH BREM 3D FSSG	18	14	14	78%	100%
3333A	NMC SD3RD MAW DT	39	32	33	85%	103%
Subtotal FMF COMPONENT UICS		1248	1033	989	79%	96%



“Above THCSRR”

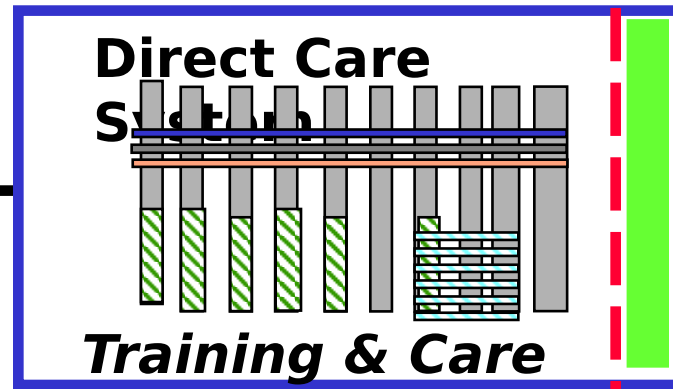


Navy Medicine's Dual Mission

Readiness Mission

**Forward
Deployed**

- Fleet
- FMF
- OCONUS



**TRICARE
Managed
Care**

- Cost/benefit Analysis
- - 17% manpower & accompanied facilities

**Cost of
Readiness**

**Benefit
Mission**

**Benefit
Cost**

The Big Question



Active Duty THCSRR Summary

**Readines
s
Required**

**Billets
Authoriz
ed**

Make v. Buy

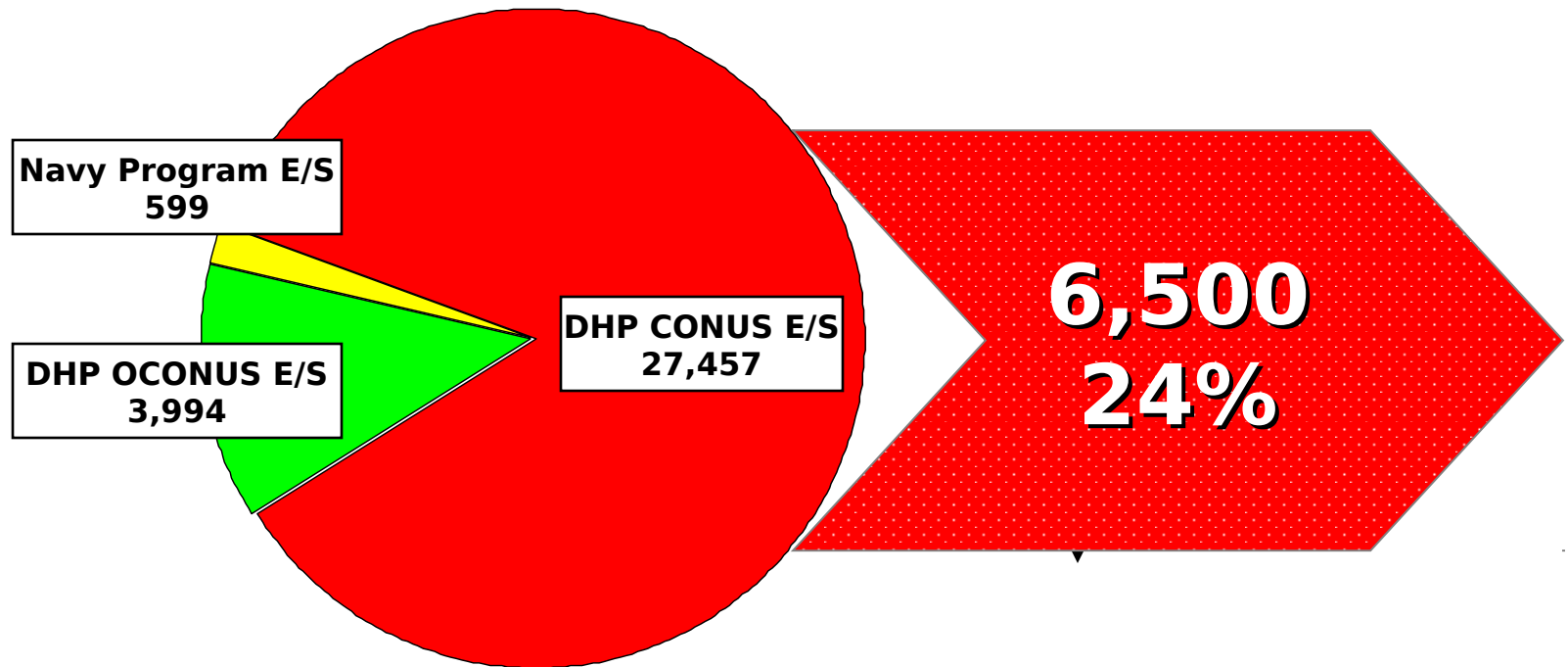
DESRATE	THCSRR	TOT BILL	>THCSRR
2xxx	192	151	-41
2100	3,213	3,888	675
2200	1,136	1,354	218
230X	2,085	2,672	587
2900	2,994	3,134	140
OFF TOT	9,620	11,199	1,579
	86%		14%
HM	20,638	24,452	3,814
DT	1,911	3,116	1,205
ENL TOT	22,549	27,568	5,019
	82%		18%
FNL TOT	32,169	38,767	6,598



Above -THCSRR Billets

All Reside in CONUS DHP Funded

~~MTE/DTEs~~



**Benefit delivery requirement unchanged,
so workload will shift to other labor venue...**



“Heavy” Above THCSRR Specialties

Results of 2003 CNA Make vs. Buy Analysis

MC: 466 BA

Radiology (Diag)
Pediatrics
Psychiatry
OB/GYN
~200 BA

MSC: 588 BA

Pharmacy
Optometry
PA
IHO
Psychology
~300 BA

HM/DT: 5266 BA

Gen Duty HMs
Laboratory Tech*
Pharmacy Tech
Optician Tech
X-Ray Tech
Psychiatry Tech*
Dental Lab Tech
~3,100 BA

No anticipated problems

DC: 231 BA

NC: 115 BA

Lab Techs Manned @ 82%
**Psych Techs Manned @
82%**



A Human Resources (HR) Management



Transformation Philosophy

*TFMMS Redesign
Journey...*



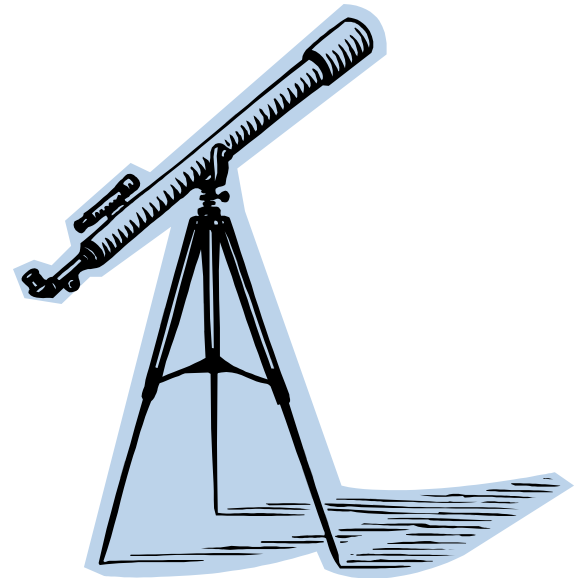
What's driving this Project

Sea Warrior Vision

...reengineer current Navy manpower, personnel, and training (MPT) processes into a single integrated human resources (HR) enterprise...

The Approach

- Adopt proven “best practices”
position management
approach
- Maximize COTs solutions
(PeopleSoft™/SkillsNET™)
- Enhanced manpower service
delivery
(Web-enabled self-service from
Sailor to CNO)
- Integrate with personnel
systems in a single system



*...to adopt proven solutions
not to adapt legacy systems*



What are best practice results

How things will be different

Manpower “As-Is”

- Ratings
- Enlisted Mgmt Code (EMC)
- Closed Looped NECs
- Special Series NECs
- Requirements
- Generic Requirements (PO/APO)
Peacetime/Mobilization (M+1)
- Billet Identification Code (BIN)
- Manpower Type/Rate
- **Enlisted/Rate/Rating**
- TFMMS Billet Structure
- Headers
- Billet Sequence Code (BSC)
- Authorizations/Billet Authorization (BA)
- UICs
- Legacy/Mainframe - Claimant updated

HR “To-Be”

- Jobs
- SkillObjects (KSATs)
- Education
- Certification/Licenses
- Positions
- Regular/Temporary
- Fulltime/Part-time
- Position Numbers/Descriptions
- Salary Plan and Grade
- **Enlisted/Recruit/Apprentice/Journeyman/Master**
- Organizational Structure
- Departments
- Report to hierarchy
- Budgeted Positions
- Activities (CO/OIC authority - 09B validated)
- Web-based - Activity updated

*...these terms and definitions represent major changes to Navy HR
are philosophically and programmatically embedded into the Navy*



What is being Transformed

TFMMS Redesign Capabilities & Timeline

Today's TFMMS	TFMMS Redesign
Minimal direct support to training	Direct skill signal to training - 5VM
Minimal direct support to distribution	Direct needs signal to distribution - CMS
No link to Sailors	Integrated with Sailors assignments
Classified Operations	Classified & unclassified modules
Centralized data input (NAVMAC/Claimants)	Decentralized data origination (Activities)
Limited skill attributes	Expanded skill and competency attributes (KSATs)
Accounting by UIC	True Organizational Hierarchy
Requirements & Authorizations	Position Management (Budgeted Y/N)

<u>TFMMS Redesign FITGAP</u> Complete and forwarded to claimants for review	<u>Enlisted Skills Capture</u> Complete the refresh of all Level 1 skills capture efforts. Required to define jobs for TFMMS	<u>Complete TFMMS Redesign Development</u> Complete the initial TFMMS redesign efforts using PeopleSoft off-the-shelf to the maximum level possible	<u>Beta deployment of TFMMS Redesign</u> Implement the redesigned TFMMS beta release	<u>Certified deployment of TFMMS Redesign</u> Comprehensive implement the redesign TFMMS for all manpower users	<u>Sea Warrior Deployment</u> Deploy Sea Warrior
FEB '04	JUN '04	AUG '04	OCT '04	NOV '04	FALL '05



What Functionality are we Focusing on

- **Organizational Management vs UICs**
 - + Assign a chain-of-command to the workforce performing the work
 - UICs are created for accounting, not chain-of-command
- **Job Management vs Ratings**
 - + Organize your workforce to perform the work in the organization
 - Ratings don't identify 30% of the work performed in the Navy
- **Position Management vs Billets**
 - + Describe the work, its location and who in the workforce is performing it
 - Billets don't describe the unique work at the location & who is doing it
- **Competency Management (CM) vs NECs**
 - + Use KSAs to link work and worker for assessment, assignment and training
 - NECs don't identify KSAs, provide a degree of fit and are not standardized